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## Cover Sheet

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Office location: Mail Stop Amendments Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450	Date: APRIL 12, 2006
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Total pages, including cover: 18

Comments:

## Submitted Documents for US Application No.10/810,168:

- 1) Fee transmittal form 1 page
- 2) Transmittal form 1 page
- 3) Extension of Time Request 1 page
- 4) Credit card authorization 1 page
- 5) Amendment 13 pages

Respectfully

  
Hayward A. Verdun  
Registration No. 43,223

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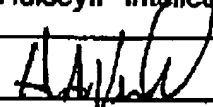
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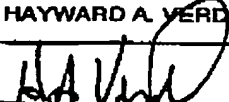
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/810,168	
	Filing Date	03/26/2004	
	First Named Inventor	Richard D. Eyestone	
	Group Art Unit	3714	
	Examiner Name	HSU, Ryan	
Total Number of Pages in This Submission	16	Attorney Docket Number	SMRT001USO

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):  If any additional 1.16 or 1.17 fees are required, you are authorized to charge them to the attached credit card account number.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	HulseyIP Intellectual Property Lawyers, P.C.
Signature	
Date	APRIL 12, 2006

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <b>APRIL 12, 2006</b>	
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Signature	
Date	APRIL 12, 2006

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Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4878).

# **FEE TRANSMITTAL For FY 2005**

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 60.00

**Complete if Known**

Application Number	10/810,168
Filing Date	03/26/2004
First Named Inventor	Richard D. Evestone
Examiner Name	HSU, Ryan
Art Unit	3714
Attorney Docket No.	SMRT001USO

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify): \_\_\_\_\_  
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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description		Small Entity Fee (\$)
Each claim over 20 (including Reissues)		50
Each independent claim over 3 (including Reissues)		200
Multiple dependent claims		360
<b>Total Claims</b>		
- 20 or HP =	0 x 0 =	0
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
- 3 or HP =	0 x 0 =	0
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
- 100 =	0	0	0.00	0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): \$60.00 EOT	\$60.00

<b>SUBMITTED BY</b>		<b>Registration No.</b>	<b>Telephone</b>
<b>Signature</b>		<b>(Attorney/Agent)</b> 43,223	(512) 795-1295
<b>Name (Print/Type)</b>	HAYWARD A. VERDUN		<b>Date</b> APRIL 12, 2006

This collection of information is required by 37 CFR 1.126. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 20 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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